

IFW\$

03560.002196.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: M.E. Wallerson
TOSHIHIRO KADOWAKI)
: Group Art Unit: 2626
Application No.: 10/669,332)
: Filed: September 25, 2003)
: For: DATA PROCESSING METHOD IN)
: NETWORK SYSTEM CONNECTED)
: WITH IMAGE PROCESSING)
: APPARATUS)
: March 1, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated December 1, 2004, please amend the above-identified application as follows. Amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 9.

03/09/2005 HMARZI1 00000014 10669332

01 FC:1201

1200.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
March 1, 2005

(Date of Deposit)

Frank A. DeLucia (Reg. No. 42,476)

(Name of Attorney for Applicant)

Signature

March 1, 2005

Date of Signature



In re Application of:

TOSHIMIRO KADOWAKI

Application No.: 10/669,332

Filed: September 25, 2003

For: DATA PROCESSING METHOD IN NETWORK
SYSTEM CONNECTED WITH IMAGE
PROCESSING APPARATUS

Docket No. 03560.002196.1

Examiner: M.E. Wallerson

Group Art Unit: 2626

March 1, 2005

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 20	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	* 9	MINUS	*** 3	= 6	x \$100 \$200	\$1200.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$1200.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 1200.00 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

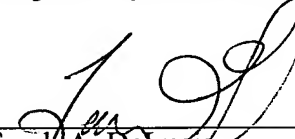
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicant
Registration No.: 42,476

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